

NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) 022719-0046	
In re Application of Meir Rosenberg			
Application Number 10/642,772-Conf. #3663		Filed August 18, 2003	
For TRIMMABLE SENSING CATHETER			
Art Unit 3736		Examiner J. G. Hoekstra	

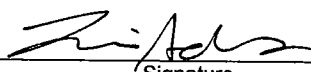
Applicant hereby **appeals** to the Board of Patent Appeals and Interferences from the last decision of the examiner.

The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) \$ 500.00

- ☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ _____
- ☐ A check in the amount of the fee is enclosed.
- ☒ Payment by credit card.
- ☐ The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.
- ☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 141449.
- ☐ A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.

I am the

- ☐ applicant /inventor.
- ☐ assignee of record of the entire interest.
See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)
- ☒ attorney or agent of record.
Registration number 44,238
- ☐ attorney or agent acting under 37 CFR 1.34.
Registration number if acting under 37 CFR 1.34. _____



Signature

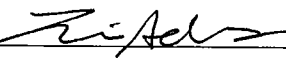
Lisa Adams
Typed or printed name

(617) 439-2000
Telephone number

April 27, 2007
Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of 1 forms are submitted.

Notice of Appeal	
I hereby certify that this correspondence is being electronically filed via EFS-Web to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date set forth below.	
Dated: April 27, 2007	Signature:  (Lisa Adams)